## State Fiscal Year 2009 New Jersey Department of Environmental Protection Office of Quality Assurance

## APPLICATION FOR CERTIFICATION OF ENVIRONMENTAL MEASUREMENTS

## Part I Administrative Information

Che		e type of application	request:				
	Initial						
Щ	Modification	· ·					
Ш	Renewal	New Jersey ID#_					
Che	eck the applicable	box for the type of a	pplication request:				
	State-Environ	nmental Laboratory (	Certification Program (E	ELCP)			
	National Env	ironmental Laborato	ry Accreditation Progra	m (NELAP)			
	Prim	ary Accreditation					
	Seco	rimary Accrediting Authority and					
	submit the Primary State's Certificate and Scope of Accreditation Analyte List						
	with	this package-Code th	ne ACPL or Part III app	ropriately- refer to the			
	instr	actions)	••	•			
Nar	ne of Laboratory	or Facility (As it sho	uld appear on the Certif	icate- maximum of 45 characters			
incl	luding spaces):						
Mai	iling Address:						
City	y:	State:	County:	Zip Code:			
•			·	•			
Tel	ephone #: (	)					
Fac	simile #: (	)					
Dhr	vaigal addmass of le	honotomy (if differen	t from abova).				
Pny	sical address of ia	aboratory (if differen	i from above):				
City		Stata	Country	Zin Codo			
CII	y:	State: _	County:	Zip Code:			
Nar	ne of Contact Per	son:					
	ephone #:						
E-n	nail address:						
Day	ys and Hours of O	peration:					
Name of Responsible Entity:							
City			State:				

9.		• • • • • • • • • • • • • • • • • • • •	•	boratory, environmental firm or company:					
	SIC Code Desc	•		<u>Description</u>					
		ellaneous Manufacturing Industry		Testing Laboratories					
		r Supply (Drinking Water) rage Systems	9199 9431	Federal Government including Military  Administration of Public Health Programs					
		ital or Health-Care Facility	9511	Air & Water Resources & Solid Waste Mgt					
		ges and Universities	9994	Mobile Lab - VIN of Mobil					
Unit(s)_	8711 Engi	eering Services		Other (include SIC and/or Naics code)					
10	Cl1- (1		1.1 4	1 6					
10.		Check the applicable box that applies to your laboratory, environmental firm or company:  Commercial - willing to perform work for the general public.							
		Non-Commercial - not willing to perform work for the general public.							
	∐ Non-Co	mmercial - not willing to perfor	m work for t	he general public.					
11.	CERTIFICA	CERTIFICATION BY APPLICANT							
	The applica	The applicant understands and acknowledges that the laboratory is required to be continually in							
	amental Protection's rules, N.J.A.C. 7:18								
Regulations Governing the Certification of Laboratories and Environmental Measurement									
								NELAC Standards where applicable and is subjected to the enforcement and penalty provisions	
	provided the	erein.							
	T	1 14 C 1 (h 4 T 1		and and any fourth and the					
	*	I certify under penalty of law that I have personally examined and am familiar with the							
		nformation submitted in this application and all attached documents, and that based on my							
	inquiry of th	nose individuals immediately re	sponsible for	obtaining information, I believe that the					
	submitted in	submitted information is true, accurate and complete. I am aware that there are significant civil							
	and crimina	and criminal penalties, including the possibility of a fine or imprisonment or both, for submitting							
	raise, macci	false, inaccurate, or incomplete information. (N.J.A.C. 7:18-1.9)							
	Print Name of L	aboratory or Facility (Legal Name)		Certification ID# (if issued)					
	Signature of App	plicant (reference N.J.A.C. 7:18-1.9(b) Date	te	Print Name of Applicant					
	Signature of Our	ality Assurance Officer Date	te	Print Name of Quality Assurance Officer					
	-								
IMPOR1		your package and mark with an	"X" the follo	owing items that are included:					
	Part I	See instructions							
	Part II	See instructions							
	Part III	See instructions							
	ACPL	ACPL See instructions							
	Fee	Fee Renewal Fee: Mail to NJ Dept of Treasury (include bottom portion of the invoice)							
		Initial or Modification Fee: Mail to address below.							
	Discrepance	y Form							
Send	your complet	ed application with the necess	ary support	ing documentation to the following address					
	Nev	v Jersey Department of Environ	mental Prote	ection					
		ice of Quality Assurance							
		. Box 424, 9 Ewing Street							
		,							

## **State Fiscal Year 2009**

Trenton, NJ 08625-0424

Inquires:

Phone (609) 292-3950